

ARTHROCARE CORPORATION
595 N. Pastoria Avenue
Sunnyvale, CA 94086
(408) 736-0224



Atty. Docket No. D-10

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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

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Sir:
Transmitted herewith for filing is the ☒ patent application,
☐ design patent application, ☐ continuation-in-part patent
application of

Inventor(s): **STEPHEN M. BRUNELL, JEAN WOLOSZKO, MICHAEL A. BAKER, HIRA V. THAPLIYAL and
PHILIP E. EGGERS**

For: **SYSTEMS AND METHODS FOR ELECTROSURGICAL REMOVAL OF THE STRATUM CORNEUM**

- ☒ This application claims priority from each of the following Application Nos./filing dates:
08/977,845 / November 25, 1997 ; 09/248,763 / February 12, 1999 ; 08/562,332 / November 22, 1995 .
- ☐ Please amend this application by adding the following before the first sentence: --This application claims the benefit of U.S.
Provisional Application No. _____, filed _____, the disclosure of which is incorporated by reference.--

Enclosed are:

- ☒ 18 sheet(s) of ☐ formal ☒ informal drawing(s).
☒ An assignment of the invention to ArthroCare Corporation
☒ A ☒ signed ☐ unsigned Declaration & Power of Attorney.
☐ A ☐ signed ☐ unsigned Declaration.
☐ A Power of Attorney by Assignee.
☒ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☒ is enclosed ☐ was filed
in the earliest of the above-identified patent application(s).
☐ Information Disclosure Statement under 37 CFR 1.97.
☐ A petition to extend time to respond in the parent application of this continuation-in-part application.
☒ The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	39 -20=	* 19
INDEP CLAIMS	4 -3=	* 1
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$380	OR		\$760
X9=	\$171	OR	x22=	\$
X39=	\$39	OR	x80=	\$
+130=	\$	OR	+260=	\$
TOTAL	\$590	OR	TOTAL	\$

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or
during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice
of Allowance, pursuant to 37 CFR 1.311(b).

\$ 590.00

☐ A check for \$ _____ is enclosed.
1 extra copy of this sheet is enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

ph: (408) 736-0224

John T. Raffle, Reg. No.: 38,585

[Signature]